Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in JC 5-2-15-3.

Date:	(<u>0-29</u> -08	Address:	214 E ADAMS
Case #:	35F 27423		Wheatland, IN
County:	<u>Kn</u> ox		
Operati	aboratory Seizure (check one) ional Lab cal/Glassware/Equipment (only) ite (only)	Scizure Location (d Residence Outbuilding Vehicle	heck all that apply) Hotel/Motel Open — No Structure Other:
Items Found: Location (bedroom, kitchen, open air, etc) Check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Building Water Reactive Metal (Lithium): Building Anhydrous Ammonia: Hydrochloric Acid Gas Generator(s): Corrosive Acid: Corrosive Base: Other (item and location): press			
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agence		Investigative Information Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: cies that serve the location:	
Fire Department: STEEN TWP Health Department: ILNOX Co. Child Protection Service:		Fax: <u>812</u> 321 4401 Fax: <u>811</u> 882 5625 Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Doug Humphrey Phone 312 867 207 9 ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.			

*** This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.